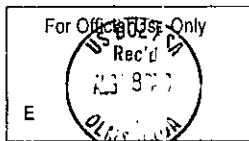


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



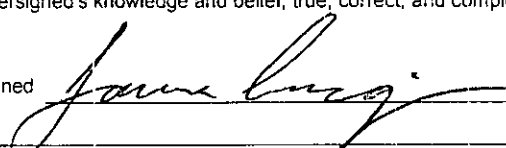
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>13073</b>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name James Conigliaro  P.O. Box, Bldg, Room No., if any  Street 2156 Gerritsen Ave.  City Brooklyn  State New York ZIP Code + 4 11229	4. Name, file number, and address of labor organization.  Name Local Lodge 447, District #15 IAM  Labor Organization File Number 007-879  P.O. Box, Building and Room Number, if any 802  Street 55 Washington Street  City Brooklyn  State New York ZIP Code + 4 11201
5. Position in labor organization. Directing Business Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 8/12/2005	718-422-0090
	Date	Telephone Number

Name of Person Filing James Conigliaro	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business: (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name District 15 Health Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2185 Lemoine Ave.</p> <p>City Fort Lee</p> <p>State New Jersey ZIP Code + 4 07024</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Trustee and Budget Meetings</p> <p>11.b. Approximate dollar value of such dealing. \$151</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Black Car Injury Compensation Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 30 Wall Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10005</p>	<p>14.a. Nature of payment.</p> <p>Recieved \$200 per meeting approx 11 meetings in 2004 as a Board of Director assigned by the New York State Assembly. Black Car Compensation Fund Board of Directors seat is monitored by New York State.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?</p>	<p>14.b. Amount of payment \$2,200</p>

Name of Person Filing James Conigliaro

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Local Lodge 447 Fringe Benefit Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1300 Connecticut Ave.

City Washington

State District of Columbia ZIP Code + 4 20036

9. Business deals with

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Trustee Meeting

11.b. Approximate dollar value of such dealing.

\$58

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing James Conigliaro

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Machinist Money Purchase Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2185 Lemoine Ave.

City Fort Lee

State New Jersey ZIP Code + 4 07024

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Trustee Meeting

11.b. Approximate dollar value of such dealing.

\$58

12.a. Nature of interest held or income received.

12.b. Amount.



Name of Person Filing James Conigliaro

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Invesco

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1166 Avenue of the Americas

City New York

State New York ZIP Code + 4 10036

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employee's name.

Name IBT 804/IAM 447 UPS Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 55 Glenlake Parkway

City Atlanta

State Georgia ZIP Code + 4 30328

11.a. Nature of such dealing.

Lunch to discuss pension issues. I am a trustee of this Fund.

11.b. Approximate dollar value of such dealing.

\$60

12.a. Nature of interest held or income received.

12.b. Amount.

## Part C Continuation Page

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

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<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

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<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>